

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007846

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 97

STATE FILE NUMBER

FILED FEB 9 1963

VS 300
Rev. 4/59

10781
207802

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> | | Length of stay in 1b <u>23 days</u> | c. CITY OR TOWN <u>Steele</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Co. Mem. Hosp.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>304 East Main</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Frances Louise BURTON</u> | | 4. DATE OF DEATH Month Day Year <u>February 7, 1963.</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-16-06</u> |
| 9. AGE (last birthday) <u>56</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Portageville, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 13. FATHER'S NAME <u>Frank E. Haines</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Rosemond Emma Lillicrap</u> | | 15. NAME OF HUSBAND OR WIFE <u>Frances D. Hicks, Holland, Mo.</u> | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u> * * * * * | | 17. SOCIAL SECURITY NO. <u>2</u> | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Granulocyte Leukemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Jan 1960</u> to <u>Feb 1963</u> and last saw her alive on <u>Feb 7, 1963</u> Death occurred at <u>2 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>James C. Whitton, MD</u> | |
| 22b. ADDRESS <u>Cantersville Missouri</u> | | 22c. DATE SIGNED <u>2-9-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-9-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Steele, Missouri.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>John W. German Funeral Home, Hayti, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-11-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. T. Brown

Licensed Embalmer No. 5204

P. O. Address Hayti, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.